



# Arbor Montessori School

2998 LaVista Road \* Decatur, Georgia 30033 \* 404-321-9304

## Adolescent Program

### APPLICATION

2012-2013

Deadline: February 15

Office use only:
_____ age
_____ date rec'd
_____ check #

Child's Name \_\_\_\_\_

Birth date \_\_\_\_\_

Name child goes by \_\_\_\_\_

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

Parent 1's Name (mom/dad/other) \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Parent 2's Name (mom/dad/other) \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Child lives with: \_\_\_\_\_ Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_ Both parents \_\_\_\_\_ Other (please specify)

SCHOOLS ATTENDED (begin with most recent)	LOCATION	DATES ATTENDED
_____	_____	_____
_____	_____	_____
_____	_____	_____

Which other schools are you considering? \_\_\_\_\_

How did you learn about Arbor? \_\_\_\_\_

**A non-refundable application fee of \$75 must accompany each application.**  
 Make your check payable to *Arbor Montessori School* and mail with application to address above.  
 If you are interested in financial aid, please call the office for an application. That deadline is also February 15.

**STUDENT APPLICANTS: PLEASE COMPLETE STUDENT ESSAYS**

**BROTHERS AND SISTERS**

Name	Birth date	School now attending	Also applying to Arbor?
Name	Birth date	School now attending	Also applying to Arbor?
Name	Birth date	School now attending	Also applying to Arbor?
Name	Birth date	School now attending	Also applying to Arbor?

**IF PARENTS ARE DIVORCED**, what are the custodial arrangements? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER ADULTS** in the household in which the child lives \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**OTHER ADULT** who provides care for the child \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
How often (daily, weekly, occasionally, etc.) \_\_\_\_\_

**LANGUAGES** spoken in the home \_\_\_\_\_  
Any other language exposure? \_\_\_\_\_

**GENERAL HEALTH.** Please check all that pertain to your child.  
\_\_\_\_ Allergies      Please note: \_\_\_\_\_  
\_\_\_\_ Medication      Please list: \_\_\_\_\_

- |                      |                                 |                                 |                        |
|----------------------|---------------------------------|---------------------------------|------------------------|
| ____ Asthma          | ____ Ear infections             | ____ Headaches                  | ____ Colicky as a baby |
| ____ Seizures        | ____ Convulsions                | ____ Eye problems               | ____ Stomach aches     |
| ____ Speech problems | ____ Motor development problems | ____ Accident where unconscious |                        |

**MILESTONES IN YOUR CHILD'S DEVELOPMENT**

At what age did your child first start speaking words? \_\_\_\_\_ sentences? \_\_\_\_\_  
At what age did your child start reading? \_\_\_\_\_

**PLEASE CHECK** any of the following that describes your child most of the time:

- |                  |                    |                        |                  |
|------------------|--------------------|------------------------|------------------|
| ____ happy       | ____ introverted   | ____ extroverted       | ____ creative    |
| ____ dramatic    | ____ young for age | ____ active            | ____ empathetic  |
| ____ daydreams   | ____ cooperative   | ____ moody             | ____ confident   |
| ____ cautious    | ____ cries easily  | ____ affectionate      | ____ persevering |
| ____ adventurous | ____ patient       | ____ prefers leading   | ____ sensitive   |
| ____ shy         |                    | ____ prefers following |                  |

**DESCRIBE** your child's personality or temperament \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL OR PSYCHOLOGICAL EVALUATIONS** that have been completed \_\_\_\_\_

(Please request that copies of the results be forwarded to Arbor.)

**How would you describe your child's learning style?** \_\_\_\_\_

**How much time does your child spend with other children?** \_\_\_\_\_

**Is your child involved in any activities outside of school? Which ones?** \_\_\_\_\_

**Where will your child spend non-school hours?** \_\_\_\_\_

**What activities does your child particularly enjoy?** \_\_\_\_\_

**How does your child handle frustration?** \_\_\_\_\_

**What approach to discipline do you use?** \_\_\_\_\_

**Please list any discipline problems you may be experiencing at this time.** \_\_\_\_\_

**How are you handling the problem?** \_\_\_\_\_

**Has your child been subject to any disciplinary action at his/her current school?** \_\_\_\_\_

**If so, please explain.** \_\_\_\_\_

**What are your educational goals for your child?**

**How do you see Arbor facilitating these goals?**

**What role do you expect to play in facilitating these goals?**

**How do you see yourself participating in the Arbor community as a volunteer?**

**When are you able to attend study groups and parent meetings?**

**Are there any questions that you have about Arbor or a Montessori adolescent community?**

\_\_\_\_\_  
Signature of parent or guardian making application

\_\_\_\_\_  
Date

*Arbor Montessori School admits students of any race, color, national or ethnic origin, religion, family structure or sexual orientation to all the rights, privileges, programs, and activities of the school. It does not discriminate on the basis of race, color, national or ethnic origin, religion, family structure or sexual orientation in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*

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**STUDENT ESSAYS**

Name \_\_\_\_\_

Birth date \_\_\_\_\_

Sex: M F

*To the student: On a separate paper, please answer the following questions completely and independently. Think carefully about the composition and spelling skills you have learned. Please hand write your essays.*

1. What attracts you to Arbor's Adolescent Program, and in what ways would you like to contribute to our community?
2. Identify an activity to which you have made a major commitment in the past two years. Describe how you have demonstrated that commitment.

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